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CAMPBELL & FLORES  
Attorneys  
Biotechnology Intellectual Property

4370 La Jolla Village Drive, Suite 700  
San Diego, California 92122  
Telephone: (858) 535-9001  
Facsimile: (858) 535-8949  
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**CERTIFICATE OF FACSIMILE TRANSMISSION**

TO: Examiner P. Gambel  
Group 1644

Fax No.: 703-746-5293

FROM: Deborah L. Cadena  
Reg. No.: 44,048

OUR DOCKET NO.: P-IX 2965

REFERENCE: Serial No.: 09/016,061  
Filed: January 30, 1998  
Entitled: ANTI- $\alpha_v\beta_3$  RECOMBINANT HUMAN ANTIBODIES, NUCLEIC ACIDS  
ENCODING SAME AND METHODS OF USE

DATE: January 23, 2003

NO. OF PAGES (Including this page): 9

I hereby certify that these 9 pages are  
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Carrie Hines  
NAME (printed)

Carrie Hines January 23, 2003  
SIGNATURE DATE

**SPECIAL INSTRUCTIONS:**

Transmitted herewith are the following **OFFICIAL** documents:

- 1) Supplemental Amendment: (3 pages)
- 2) Appendix A: (1 page)
- 3) Transmittal Form 1083 in duplicate: (4 pages)

Please contact Carrie Hines at (858) 535-9001 if you DO NOT receive all pages.

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AMENDMENT TRANSMITTAL LETTER		DOCKET NUMBER: P-IX 2965	
SERIAL NO: 09/016,061	FILING DATE: January 30, 1998	EXAMINER: P. Gambel	GROUP ART UNIT: 1644
INVENTION: ANTI- $\alpha_v\beta_3$ RECOMBINANT HUMAN ANTIBODIES, NUCLEIC ACIDS ENCODING SAME AND METHODS OF USE			

## CERTIFICATE OF FACSIMILE TRANSMISSION

TO COMMISSIONER FOR PATENTS

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Transmitted herewith is a Supplemental Amendment, in the above-identified application.

- X Small Entity status of this application has been established under 37 CFR 1.27.  
    Petition for Extension of Time is enclosed (in duplicate).  
X Appendix A.  
X No additional claims fee is required.  
    An additional claims fee is required and has been calculated as shown below:

## CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTIT Y	OTHER ENTIT Y		SMALL ENTITY	OTHER ENTIT Y
TOTAL CLAIMS	184	-	184	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPE N- DENT CLAIMS	3	-	24	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<u>      </u> YES		<u>XX</u> NO		\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

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Inventor: William D. Huse  
Serial No.: 09/016,061  
Filed: January 30, 1998  
Page 2

- \* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- \*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

— Please charge my Deposit Account No. 03-0370 the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is enclosed.

— A check in the amount of \$1 is enclosed, of which covers the fee for a one-month extension of time.

X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena  
Registration No. 44,048  
CAMPBELL & FLORES LLP  
4370 La Jolla Village Drive  
7<sup>th</sup> Floor  
San Diego, California 92122  
858-535-9001  
USPTO CUSTOMER NO. 23601